



Town of Legal

Box 390

Legal, Alta. T0G 1L0

Phone: (780) 961-3773 Fax: (780) 961-4133

# GAS/PROPANE PERMIT

Permit Number : \_\_\_\_\_

Date (Y/M/D) : \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

Issuing Officer: \_\_\_\_\_

Designation #: \_\_\_\_\_

Signature: \_\_\_\_\_

### Please Print Information Clearly:

1. Name of Municipality : **Town of Legal**
2. Project Installation Address \_\_\_\_\_
3. Legal: Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Subdivision Name (if applicable) \_\_\_\_\_
4. Premises owned by \_\_\_\_\_ Premises occupied by \_\_\_\_\_
5. Owners Mailing Address \_\_\_\_\_ PH# \_\_\_\_\_
5. Does this installation require a service connection? YES  NO
6. Permit Type: Residential Property Owner  Certified Installer

TYPE OF OCCUPANCY (indicate major occupancy)	SINGLE FAMILY APPLICATION ONLY (No. of Outlets)	COMMERCIAL/ INDUSTRIAL APPL. ONLY	PROPANE INSTALLATION
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> FARM/RANCH <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OILFIELD/GAS <input type="checkbox"/> INSTITUTIONAL	Furnace <input type="checkbox"/> Barbeque <input type="checkbox"/> Dryer <input type="checkbox"/> Fireplace <input type="checkbox"/> Range <input type="checkbox"/> Water Heater <input type="checkbox"/> Room Heater <input type="checkbox"/> Unit Heater <input type="checkbox"/> Boilers <input type="checkbox"/> Future Outlet <input type="checkbox"/> Conversion <input type="checkbox"/> Replacement <input type="checkbox"/> No. of Secondary Risers _____  Total No. of Outlets _____	Total BTU _____ Brief Description of Installation: _____ _____ _____ _____	No. of Tanks <input type="text"/> Tank Size <input type="text"/> Serial # _____ <input type="checkbox"/> Vaporizer <input type="checkbox"/> Refill Centre # of Cylinders <input type="checkbox"/> Service Line from Tank to Building <input type="checkbox"/> Temporary Heat

**The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days and expires after one year without an extension request.**

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection Privacy Act.

Permit Holder Signature: \_\_\_\_\_

Permit Holder Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Payment: INTERAC CASH CHQ

Permit Fee \$ \_\_\_\_\_ Bldg. Permit # \_\_\_\_\_

Safety Codes \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

*\$4.50 or 4% of permit fee (whichever is greater)*

Total Fee \$ \_\_\_\_\_ Tax Roll # \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Installer No.: \_\_\_\_\_

**Please contact The Inspections Group @ (780)454-5048 Fax: (780)454-5222 for inspections!**